

# **APPLICATION FORM FOR**

## **INDIVIDUAL ARTIST MINI-GRANTS**

### **NEW HAMPSHIRE STATE COUNCIL ON THE ARTS**

---

#### **1. APPLICANT DATA:** *Type or Print Clearly*

---

Official IRS name of applicant:

Mailing Address	City/Town	State	ZIP
		<b>NH</b>	
Daytime Phone	Fax	E-mail	URL

---

#### **2. PAYMENT:** *If payment is to be made to a fiscal agent or business name that is different than applicant name above.*

---

Official IRS name for payment:

Mailing Address	City/Town	State	ZIP
		<b>NH</b>	
Daytime Phone	Fax	E-mail	URL

---

#### **3. GRANT REQUEST DATA:** **AMOUNT REQUESTED: \$**

---

**Project Start and End Dates:** *Grant Period is July 1 - June 30* \_\_\_\_\_

**Project Title:** *one phrase or sentence* \_\_\_\_\_

---

**Enter NISP codes:** [http://www.nh.gov/nharts/grantsandservices/grantnisp\\_codes.html](http://www.nh.gov/nharts/grantsandservices/grantnisp_codes.html)

- Arts Discipline *for primary area of work:* \_\_\_\_\_
- Race/Ethnicity of Applicant: \_\_\_\_\_
- Race/Ethnicity of Project: \_\_\_\_\_
- International Activity?: \_\_\_\_\_  
yes / no

---

FOR OFFICE USE ONLY: <b>FY</b>	<b>ACTIVITY TYPE</b>	<b>APP. #</b>	<i>OVER→</i>
--------------------------------	----------------------	---------------	--------------

---

---

#### 4. NARRATIVE QUESTIONS:

---

See attachment for Individual Artist Narrative Questions

---

#### 5. ATTACHMENTS

---

If this proposal is for a professional development opportunity such as a training program, showcase, exhibition, or conference, please provide brochures, catalogues, or web URL about the program, qualifications of the faculty/staff involved, and dates and agenda of the event.

---

#### 4. CERTIFICATION

---

I, \_\_\_\_\_, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

---

Individual Artist signature

Date

---

Signature of person preparing this application (if different)

Title

Date

Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles. **NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met.**